

**SEPTIC ABANDONMENT PERMIT
APPLICATION FORM**



YOLO COUNTY
Department of Community Services
Environmental Health Division

292 W. Beamer Street, Woodland CA 95695
Phone: (530) 666-8646 Fax: (530) 669-1448

FOR OFFICE USE ONLY	
PERMIT #: _____	ON #: _____
DATE RECEIVED: _____	FACILITY ID #: _____
RECEIPT #: _____	CC or CHECK #: _____
FEES PAID: _____	PE #: _____

PROPERTY OWNER INFORMATION		
Site Address: _____	APN: _____	Parcel Size: _____
Property Owner(s): _____	Email: _____	
Phone Number: _____	Building Permit (if applicable): _____	
Mailing Address: _____	Previous Septic Permit No. (if applicable): _____	

SEPTIC ABANDONMENT CONTRACTOR INFORMATION		
Business Name: _____	License Type: _____	
Address: _____	License #: _____	Exp. Date: _____
Onsite Contractor's Name: _____	Phone Number: _____	

APPLICANT INFORMATION	
Contact Name/Title: _____	Email: _____
Address: _____	Phone Number: _____

Reason for abandonment: New septic system City connection Failed system Demo of building being served

How tank will be destroyed: Removal Buried Other: _____

Has tank been pumped? Yes No **Type of tank:** _____

How will the dispersal area be abandoned? Leave in place Removal method: _____

A site map drawn to scale (include scale legend) with the septic tank and leach field locations shall be submitted with this application. Please include the following: APN, owner's name, north arrow, and property lines.

Please call the office 24 hours in advance during business hours to schedule an inspection. Inspection shall be made after the tank is pumped and prior to backfill or removal.

I will comply with all Codes, Rules, and Regulations of the State and County pertaining to the abandonment of septic systems including the conditions and required inspections indicated on this application. As owner or owner's authorized representative, I confirm that the information provided is correct to the best of my knowledge.		
Print Name & Title: _____	Signature: _____	Date: _____
Application cannot be revised without prior approval from the Environmental Health Division. PERMIT EXPIRES ONE (1) YEAR AFTER DATE OF ISSUANCE (UNLESS EXTENDED)		

FOR OFFICE USE ONLY	ABANDONMENT PERMIT ISSUANCE
<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions: _____	
EHS Signature: _____	Date: _____

FOR OFFICE USE ONLY	ABANDONMENT FINAL APPROVAL
<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions: _____	
EHS Signature: _____	Date: _____